

**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

**FORM D**

**NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION**



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## OMB APPROVAL

OMB Number: 3235-0076  
Expires: May 31, 2002  
Estimated average burden hours  
per response: ..... 16.00

## SEC USE ONLY

Prefix

Serial

## DATE RECEIVED

Name of Offering ( ☐ check if this is an amendment and name has changed, and indicate change.)

HIPEP IV-European Venture Partnership Fund L.P.

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOEType of Filing: ☒ New Filing: **OHIO** ☒ Amendment**A. BASIC IDENTIFICATION DATA**

1. Enter the information requested about the issuer

Name of Issuer ( ☐ check if this is an amendment and name has changed, and indicate change.)

HIPEP IV-European Venture Partnership Fund L.P. (the "Fund")

Address of Executive Offices (Number and Street, City, State, Zip Code)  
c/o HarbourVest Partners, LLC, One Financial Center, 44th Floor, Boston, MA 02111Telephone Number (Including Area Code)  
(617) 348-3707Address of Principal Business Operations (Number and Street, City, State, Zip Code)  
(if different from Executive Offices)

Telephone Number (Including Area Code)

Brief Description of Business

To make investments in private equity funds, generally in partnerships investing outside the U.S.

U.S. POST OFFICE  
DELAYED

PROCESSED

FEB 06 2002

THOMSON  
FINANCIAL

Type of Business Organization

☐ corporation ☒ limited partnership, already formed  
☐ business trust ☐ limited partnership, to be formed
☐ other (please specify):

Actual or Estimated Date of Incorporation or Organization:

Month

Year

0 7

0 1

☒ Actual ☐ EstimatedJurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: ☐ D ☐ E  
CN for Canada; FN for other foreign jurisdiction)**GENERAL INSTRUCTIONS****Federal:***Who Must File:* All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).*When to File:* A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.*Where to File:* U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.*Copies Required:* Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.*Information Required:* A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.*Filing Fee:* There is no federal filing fee.**State:**

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

**ATTENTION**

**Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.**

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ General and/or Managing Partner

Full Name (Last name first, if individual)

HIPEP IV-Partnership Associates LLC (the "General Partner")

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o HarbourVest Partners, LLC, One Financial Center, 44th Floor, Boston, MA 02111

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ General and/or Managing Partner \*

Full Name (Last name first, if individual)

HarbourVest Partners, LLC (the "Managing Member of the General Partner")

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o HarbourVest Partners, LLC, One Financial Center, 44th Floor, Boston, MA 02111

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer\*\* ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Kane, Edward W.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o HarbourVest Partners, LLC, One Financial Center, 44th Floor, Boston, MA 02111

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer\*\* ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Zug, D. Brooks

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o HarbourVest Partners, LLC, One Financial Center, 44th Floor, Boston, MA 02111

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer\*\* ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Anson, George R.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o HarbourVest Partners (U.K.) Limited, 1-11 Hay Hill, Berkeley Square, London, U.K.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer\*\* ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Begg, John M.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o HarbourVest Partners, LLC, One Financial Center, 44th Floor, Boston, MA 02111

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer\*\* ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Bildn, Philip M.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o HarbourVest Partners (Asia) Limited, Citibank Tower Suite 1207, 3 Garden Road Central, Hong Kong

\* of the General Partner \*\* of the Managing Member of the General Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer\*\* ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Clark, Theodore A.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o HarbourVest Partners, LLC, One Financial Center, 44th Floor, Boston, MA 02111

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer\*\* ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Nemirovsky, Ofer

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o HarbourVest Partners, LLC, One Financial Center, 44th Floor, Boston, MA 02111

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer\*\* ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Delbridge, Kevin S

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o HarbourVest Partners, LLC, One Financial Center, 44th Floor, Boston, MA 02111

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer\*\* ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Johnston, William A.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o HarbourVest Partners, LLC, One Financial Center, 44th Floor, Boston, MA 02111

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer\*\* ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Maynard, Fredrick C.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o HarbourVest Partners, LLC, One Financial Center, 44th Floor, Boston, MA 02111

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer\*\* ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Wadsworth, Robert M.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o HarbourVest Partners, LLC, One Financial Center, 44th Floor, Boston, MA 02111

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer\*\* ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Vorliceck, Martha D.

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o HarbourVest Partners, LLC, One Financial Center, 44th Floor, Boston, MA 02111

\* of the General Partner \*\* of the Managing Member of the General Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**A. BASIC IDENTIFICATION DATA**

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- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing PartnerFull Name (Last name first, if individual)  
Trustees of the Mineworkers' Pension Scheme LimitedBusiness or Residence Address (Number and Street, City, State, Zip Code)  
c/o Cambridge Associates (U.K.) Limited, 34 Brook Street, London W1Y 1YA, EnglandCheck Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing PartnerFull Name (Last name first, if individual)  
Tredje AP-fondenBusiness or Residence Address (Number and Street, City, State, Zip Code)  
Vasagatan 11, Stockholm, SwedenCheck Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing PartnerFull Name (Last name first, if individual)  
State of Wisconsin Investment BoardBusiness or Residence Address (Number and Street, City, State, Zip Code)  
Lake Terrace, 121 East Wilson Street, Madison, Wisconsin 53702Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing PartnerFull Name (Last name first, if individual)  
SPF Private Equity CVBusiness or Residence Address (Number and Street, City, State, Zip Code)  
c/o SPF Beheer B.V., Arthur van Schendelstraat 850, P.O. Box 2030, 3500 GA Utrecht, NetherlandsCheck Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**B. INFORMATION ABOUT OFFERING**

Yes No

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? ☐ Yes ☒ No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? ..... \$ \*

\* \$10 million subject to the right of the General Partner in its discretion to reduce such minimum. Dollar amounts are converted from Euros based on the conversion rate at close of business 7/5/01: 1 Euro = 0.83691167 U.S. Dollars

Yes No

3. Does the offering permit joint ownership of a single unit? ..... ☒ Yes ☐ No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. No commissions will be paid for U.S. sales.

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ..... ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price*	Amount Already Sold
Debt .....	\$0 _____	\$0 _____
Equity .....	\$0 _____	\$0 _____
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$0 _____	\$0 _____
Partnership Interests.....	\$209,227,918 _____	\$72,811,315.29 _____
Other (Specify _____).....	\$0 _____	\$0 _____
Total .....	\$209,227,918 _____	\$72,811,315.29 _____

Answer also in Appendix, Column 3, if filing under ULOE.

\* Dollar amounts are converted from Euros based on the conversion rate at close of business 7/5/01: 1 Euro = 0.83691167 U.S. Dollars

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	7	\$72,811,315.29 _____
Non-accredited Investors .....	0	\$0 _____
Total (for filings under Rule 504 only).....		\$ _____

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of offering.....	Type of Security	Dollar Amount Sold
Rule 505.....		\$ _____
Regulation A.....		\$ _____
Rule 504.....		\$ _____
Total .....		\$ _____

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	X	\$0 _____
Printing and Engraving Costs.....	X	\$* _____
Legal Fees.....	X	\$* _____
Accounting Fees .....	X	\$0 _____
Engineering Fees.....	X	\$0 _____
Sales Commissions (specify finders' fees separately).....	X	\$* _____
Other Expenses (identify) .....	X	\$0 _____
Total.....	X	\$418,456* _____

\*\* Organizational expenses will be limited to a maximum of \$418,456. Placement fees, if any, will be paid by the Fund but borne by the Manager through an offset against the management fee.

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

- b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ..... \$208,809,462 \_\_\_\_\_
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees .....	X \$2,092,792 * _____	\$ _____
Purchase of real estate .....	\$ _____	\$ _____
Purchase, rental or leasing and installation of machinery and equipment .....	\$ _____	\$ _____
Construction or leasing of plant buildings and facilities .....	\$ _____	\$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .....	\$ _____	\$ _____
Repayment of indebtedness .....	\$ _____	\$ _____
Working capital .....	\$ _____	\$ _____
Other (specify): Investments .....	\$ _____	X \$206,716,670 _____
.....	\$ _____	\$ _____
.....	\$ _____	\$ _____
Column Totals .....	X \$2,092,792 _____	X \$206,716,670 _____
Total Payments Listed (columns totals added) .....		X \$208,809,462

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) HIPEP IV-European Venture Partnership Fund L.P.	Signature <i>Martha D. Vorlicek</i>	Date January 2, 2002
Name of Signer (Print or Type) Martha D. Vorlicek	Title of Signer (Print or Type) Managing Director of HarbourVest Partners, LLC, the managing member of HIPEP IV-Partnership Associates LLC, the general partner of HIPEP IV-European Venture Partnership Fund L.P.	

\* Estimate of first year's management fee.

**ATTENTION**

**Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)**